

## MACKENZIE DISTRICT COUNCIL FORM 8 - APPLICATION FOR A CERTIFICATE OF ACCEPTANCE

TS-36  
AP 6.0  
22/4/2015

**Section 97, Building Act 2004:**

Send or deliver this application to either:  
Mackenzie District Council, PO Box 52, Fairlie  
Mackenzie District Council, Market Place, Twizel.

For enquiries phone (03) 685 9010

**OFFICE USE:**

Application #

Category 1,2,3,PR

PIM, Planning, Drainage, Roding

### THE BUILDING

**Street address of building:**

**Legal description of land where building is located:**

(State legal description as at the date of application and if the land is proposed to be subdivided, include details of relevant lot numbers and subdivision consents)

**Building name:** (If applicable)

**Location of building within site:**  
(Include nearest street access)

**Number of levels:** (Include ground level and any levels below ground)

**Level/Unit Number:** (If applicable)

**Area:** (total floor area – indicate area affected by the building work if less than the total area)

**Current, lawfully established, use:**  
(include number of occupants per level and per use if more than 1 level)

**Year first constructed:** (insert year, approximate date is acceptable eg: c1920's or 1960-1970)

### THE OWNER

**Name of owner:** (include preferred form of title, eg: Mr Miss, Dr, if an individual)

**Contact person:** (only required if different from the owner)

**Mailing address:**

**Street address/Registered Office:**

**Contact details:**

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

<b>Please attach one of the following as evidence of ownership to this application:</b> Copy of Certificate of title/lease/agreement of sale and purchase/or other document no older than 3 months showing full name of legal owner(s) of the building.	
<b>THE AGENT</b>	
<b>Name of Agent:</b> (only required if application is being made on behalf of the owner)	
<b>Contact person:</b>	
<b>Mailing address:</b>	<b>Street address/Registered Office:</b>
<b>Contact details:</b>	
Landline: _____	Mobile: _____
Daytime: _____	After hours: _____
<b>Relationship to Owner:</b> (state details of the authorisation from the owner to make the application on the owners behalf)	

<b>FIRST POINT OF CONTACT</b> (If different from the Owner or Agent)	
<b>Name of contact:</b>	
<b>Mailing address:</b>	<b>Street address/Registered Office:</b>
<b>Contact details:</b>	
Landline: _____	Mobile: _____
Fax Number: _____	Email: _____

<b>I request that you issue a Certificate of Acceptance for the building work described in this application.</b>	
<b>Signed by the owner OR:</b>	<b>Signed by the Agent:</b> (on behalf of, or with authority from, the owner)
Signature: _____	Signature: _____

<b>BUILDING WORK</b>	
Description of the building work:	
Date building work carried out:	
<b>Concreter:</b> Business/name:	<b>Joiner:</b> Business/name:
<b>Tanking Applicator:</b> Business/name:	<b>Plasterer/textured coater:</b> Business/name:
<b>Gasfitter:</b> Business/name:	<b>Electrician:</b> Business/name:

<b>Plumber:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____	<b>Drainlayer:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____
<b>Carpenter:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____	<b>Brick/Blocklayer:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____
<b>Deck/roof membrane applicator:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____	<b>Roofer:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____
<b>Concealed fascia installer:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____	<b>Others:</b> Business/name: _____ Address: _____ Daytime: _____ Mobile: _____ After hours: _____ Fax: _____ Registration/Qualification: _____ Product Name: _____ Manufacturer: _____
<b>Did the building work result in a change of use of the building?</b> (ie: Commercial, Industrial, Residential) If yes, provide details of the new use:	
<b>Intended life of the building if less than 50 years:</b>	
<b>Years</b>	

<b>List building consents previously issued for this project (if any):</b> (list who issued the consent, date of issue and the consent number)
<b>Estimated value of the building work on which the building levy will be calculated (including GST):</b> (state estimated values as defined in section 7 of the Building Act 2004)
\$ _____
<b>The following plans and specifications are attached to this application:</b> (tick boxes applicable)
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> specifications  <input type="checkbox"/> producer statement         </div> <div> <input type="checkbox"/> calculations  <input type="checkbox"/> other (please specify) _____         </div> <div> <input type="checkbox"/> plans         </div> </div>
(All plans and specifications must meet the minimum requirements set out in the regulations or required by the building consent authority)
<b>Reasons why a certificate of acceptance is required:</b> (tick boxes applicable)
The owner, or the owner's predecessor in title, carried out building work for which a building consent is required, but a building consent was not obtained because: (explain in detail)
<input type="checkbox"/> A building consent could not practicably be obtained in advance because the building work had to be carried out urgently: (delete one of the following)
<div style="margin-left: 40px;">           a) for the purpose of saving or protecting life or health or preventing serious damage to property as follows: (explain in detail)         </div>
<div style="margin-left: 40px;">           b) in order to ensure that a specified system was maintained in a safe condition or made safe as follows:            (explain in detail)         </div>
<input type="checkbox"/> The building consent authority that granted the building consent is unable or refuses to issue a code compliance certificate in relation to the building work, and no other building consent authority will agree to issue a code compliance certificate for the building work: (state details of name of building consent authority and building consent granted)

The following specified systems are existing, being altered, added to, or removed in the course of the building work:

		Existing	New	Altered	Added	Removed
SS 1	Automatic systems for fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 2	Automatic or manual emergency warning systems for fire or other emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 3	Electromagnetic or automatic doors or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 4	Emergency lighting systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 5	Escape route pressurisation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 6	Riser mains for use by fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 7	Automatic back-flow preventers connected to a potable water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 8	Lifts, escalators, travelators, or other systems for moving people or goods within buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 9	Mechanical ventilation or air conditioning systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 10	Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 11	Laboratory fume cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 12	Audio loops or other assistive listening systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 13	Smoke control systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 14	Emergency power systems for, or signs relating to, a system or feature specified in any of SS 1 to SS 13 above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 15	Other fire safety systems or features (systems for communicating information intended to facilitate evacuation, final exits, fire separations, signs, smoke separations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SS 16	Cable cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ATTACHMENTS

The following documents are attached to this application: (tick boxes applicable)

- ☐ Project information memorandum
- ☐ Plans and specifications
- ☐ Certificates from personnel who carried out the building work
- ☐ Energy work certificate
- ☐ Certificates from personnel who carried out the building work
- ☐ Energy work certificate
- ☐ Certificates from personnel who supervised the building work
- ☐ Investigatory reports

**COUNCIL USE ONLY:**

☐ Mail

☐ Desk

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